

EXHIBIT RR



FEBRUARY 19, 2021 Albany, NY

Video, Audio, Photos & Rush Transcript: Governor Cuomo Announces Nursing Home Visitations to Resume in Accordance with CMS and CDC Guidelines

DOH Recommends Nursing Home Visitors Take a Rapid Test Before Entry; DOH Will Provide Rapid Tests to Nursing Homes at No Cost

New York City Indoor Dining Can Expand to 35 Percent Capacity on February 26; Reopening Subject to Strict State Guidance

Hospitalizations Drop to 6,155—Lowest Since December 17

7-Day Average Positivity Rate Drops to 3.60%-42 Straight Days of Decline

6,155 Patient Hospitalizations Statewide

1,199 Patients in the ICU; 834 Intubated

Statewide Positivity Rate is 3.49%

116 COVID-19 Deaths in New York State Yesterday

Governor Cuomo: "The numbers on COVID, good news ... Hospitalizations also down not only just day to day, but the overall

trend is exactly in the right direction. You look across the state for hospitalizations, you see they are down all across the state, 1, 2, 3, 4, that's the range but they're down all across the state."

Cuomo: "The DOH is going to put out guidance, but they recommend reopening visitation for nursing homes. This is going to be a very big deal for nursing home residents and families. The guidance is going to be in accordance with CMS and CDC on visitation of residents in nursing homes. They have very specific guidelines. DOH is going to recommend that visitors take a rapid test before entry, and DOH will provide those rapid tests to nursing homes cost-free."

Cuomo: "The local governments should be aggressive on in-class teaching, unless there is a community or school that has an infection spike. ... Get the teachers a vaccination. Vaccinate teachers, reopen schools."

Earlier today, Governor Andrew M. Cuomo announced that the New York State Department of Health will allow visitation of residents in nursing home facilities in accordance with CMS and CDC guidelines. The Department of Health recommends that visitors take a rapid test before entry into the facility, and DOH will provide rapid tests to nursing homes at no cost. Guidance on visitations will be available beginning Monday, February 22.

VIDEO of today's remarks is available on YouTube [here](#) and in TV quality (h.264, mp4) format [here](#).

AUDIO of today's remarks is available [here](#).

PHOTOS will be available on the Governor's Flickr [page](#).

A rush transcript of the Governor's remarks is available below:

Good morning. Happy Friday. From my far left Miss Beth Garvey, Special Counsel and Senior Adviser, both titles; Robert Mujica, Director of the Budget; Melissa DeRosa, Secretary to the

Governor. To my right Dr. Howard Zucker, to his right Dr. James Malatras, Chancellor of the State University of New York, and to his right Gareth Rhodes who has been we're working with us through COVID.

Today is day 356. Coming up, day 365, just transpose those numbers, almost one year.

We were anticipating heavy snow in New York. I had my boots ready, my big jacket ready. We've had some snow. We've some snow on Long Island but not anything that has been unmanageable for us. They're talking about another snowstorm towards Monday and we're prepared for that.

The snow has had an effect on the distribution of vaccines across the country. It's a nationwide snow storm, certain parts of the country more than others, but it has slowed down vaccine deliveries made by the federal government. So if cities, pharmacies, federally qualified health centers see a delay in receiving their vaccines, that is because of the snowstorm and the White House spoke about that.

The numbers on COVID, good news, good news, good news. Overall statewide positivity 3.4. Statewide deaths, 116. Still, still we like to think that we're past this and we're getting past this. And we are getting past it but it is still dangerous, my friends. And remember that. 116 people, again, passed away. Hospitalizations down 279, ICU down 59, intubations down 29.

This is a beautiful chart. Beauty is in the eye of the beholder. 7.9 down to 3.6. We had that holiday surge. The holiday hit, people socialized, holiday season, you get a little careless, lack of discipline. But we're down to 3.6 percent. Hospitalizations also down not only just day to day, but the overall trend is exactly in the right direction.

You look across the state for hospitalizations, you see they are down all across the state, 1, 2, 3, 4, that's the range but they're down all across the state. Positivity, wide variety on positivity as you see. 2.09, Capital Region; 0.78 Southern Tier which has done a great job by the way. 4.4, 4.3, but all numbers down.

In New York City, the Bronx still highest, double Manhattan, higher than Queens, higher than Brooklyn, higher than Staten Island. Staten Island has ticked up but it's the Bronx and we have to focus on the Bronx. The Bronx is not as bad as it was. They said it's now 6.2. It was 7.8 but the Bronx is high and they're down from 7.8 but that's not good enough. Relatively they are still high. We have to focus on the Bronx. The Bronx should be the place that gets the most vaccines, the

most testing, because that's where you have the highest positivity and by the way that's where you have the most vulnerable communities, Black, Hispanic, and poor communities, so focus on the Bronx.

Here's the slide that I love that nobody loves - opening the economy is the red valve, the economic valve. You watch the gauges so you calibrate reopening. Watch the infection rate, watch the hospitalization rate, watch the positivity rate, and depending on those numbers you open the economic valve or you slow the economic valve. The numbers are all going down so now is the time to start doing more reopening. If the numbers change, if those dials change, then you close the valve which we have done a number of times. This has been a constant calibration by data to what the virus is doing. Virus moves left, we move left. Virus moves right, we move right.

Reopening New York City, restaurants are now 25 percent. They are 50 percent statewide. They're 50 percent in Connecticut. They're 50 percent on Long Island. New York City was closed. New York City is now 25 percent. In one week we will go to 35 percent in New York City restaurants which is consistent with New Jersey. What's happening now is people in New York City, Staten Island, Manhattan, are going to New Jersey to those restaurants. So it's not really accomplishing a purpose. So New York City restaurants will go to 35 percent next Friday. That will be consistent with New Jersey. Connecticut is still 50, Long Island is still 50, we understand that, but we're responding to the data. Obviously we're more sensitive to New York City because of the density, the concentration, the history. But we're headed in the right direction. We're making progress. The numbers continue to be good, we'll continue to make progress.

President Biden I think is exactly right. I've said this from day one. I respect local governments and their role in education, but schools must open. Schools must open. Vaccinate the teachers. Vaccinate the teachers. The teachers want to be safe. Yes, I understand that. I've spoken to dozens of teachers. Vaccinate the teachers. They are in the included class. Local governments can vaccinate the teachers, but the students deserve in-class teaching. This remote learning is a poor substitute for in-class teaching and this remote learning, when they do the studies, it will show discrimination in education caused by remote learning. It will show, this is my bet, it will show poorer families, Black families, Hispanic families, those children did not do as well in remote learning. They didn't have the equipment. They didn't have the access. They didn't have people to help them. Every day you're not in class is a furtherance of discrimination in education and the

great irony is education was the great equalizer. Education said I don't care how much money you have, where you grow up, you can become the president of the United States. Now there's a caveat - if you have a computer, if you have Internet access, if you have someone to help you were on the computer, so in-class teaching as soon as possible. Students deserve it. The parents need it. You're not going to reopen the economy without parents having children in school so parents can go on with their life and work. Also, keeping people at home, this has caused a whole set of ancillary issues that we're not even familiar with - domestic violence is up, substance abuse is up, mental health issues are up. So open the schools.

The local governments should be aggressive on in-class teaching, unless there is a community or school that has an infection spike. That is different. That is different. But if the school doesn't have an infection spike and if the school is safer than the surrounding community, then why isn't the school open five days a week? Well, the teachers have concerns. Legitimate. Get the teachers a vaccination. Vaccinate teachers, reopen schools.

Nursing home residents have now all been offered the vaccine. 100 percent of nursing home residents have all been offered the vaccine. 100 percent of nursing home staff has all been offered the vaccine. 73 percent of nursing home residents have taken the vaccine, which is the probably the highest number we have of any subgroup, if you will. 73 percent are now vaccinated. The DOH is going to put out guidance, but they recommend reopening visitation for nursing homes. This is going to be a very big deal for nursing home residents and families. The guidance is going to be in accordance with CMS and CDC on visitation of residents in nursing homes. They have very specific guidelines. DOH is going to recommend that visitors take a rapid test before entry, and DOH will provide those rapid tests to nursing homes cost-free. Rapid test is very quick. It's not intrusive. And that's a DOH recommendation, and they'll provide the rapid tests to nursing homes.

I've said from the beginning, I believe reopening is going to be accelerated by testing, and we've been moving down that path. Open up the Buffalo Bills stadium with testing, open up catering halls, weddings, with testing. If a person is tested and is negative, then you can reopen. I went to visit the president of the United States. I took a test, and I was negative. And I could see the president of the United States. Why? Because I took a test and I was negative. Well, if you take a test and you're negative, why can't I go to a movie theater? Why can't I see a play? So I believe the testing is the key to accelerating the reopening of the economy. But, you have to have the

volume of testing. And we're opening rapid testing sites as we speak. We're opening 11 in the New York City area right now. Cost is less than \$30. Not to diminish \$30, but it's less than \$30. It takes 30 minutes or less, 30 and 30. It's an FDA-approved antigen test. It gives you peace of mind, you know, everybody wants to know, do I have COVID? Am I infectious for other people? It gives you peace of mind, and we can use it as a way to reopen the economy. These are the sites in New York City that become effective today, today. So, we're going to be reopening more of these, but I think this is going to be a big advantage for the State of New York. And again, those sites open today. And it will accelerate our economic reopening prior to reaching herd immunity, where everybody has a vaccine, which is June, July. February, March, April, May, June, July. Let's accelerate that period of time. And I think testing is going to be an opportunity to do that.

Testing is also an opportunity to reopen colleges, and we're going to be doing that. They have to test at least 25 percent of the total on campus students, faculty, staff, on a weekly basis, and are required to go on pause unless the rate exceeds 5 percent. If it's under 5 percent, they can operate. If it's over 5 percent, on a 14-day average, then they have to go on pause. So 5 percent is the line. Colleges that are not testing 25 percent of the population weekly must go on pause if they have 100 individuals test positive, so if a college doesn't want to live with the 100 individual standard, test 25 percent of your people and if you're under 5, God bless America.

We talk about reopening. People don't tend to think of public safety as a reopening measure, but it is. It is a foundation for reopening. There has been much tumult in public safety, climaxing with the George Floyd killing, and it's been nationwide. We said in New York, we're one of the first to act, take this moment to make positive change. Crisis begets opportunity if you use it correctly. And the George Floyd crisis was the last in a long, long line of disturbing incidents. Take that crisis, make it an opportunity, put the community at the table, put the police at the table, figure out public safety reforms, restore trust and faith, and restore safety. Restore safety. Many localities have been making great progress, and I really applaud them, because it's not an easy topic. You put 15 people in a room, you're going to have a lot of venting of frustration. That's the way you get past it. If you don't vent the frustration, if you don't acknowledge the problem, you never get past it. Crime in New York City is a major problem. NYPD and the community must come to resolution. The City Council passed a number of bills, and that's a good first step. The mayor in every city, you need the council and the mayor, and in New York City, the mayor is going to have to act, and they're going to have to have a passed package. Public safety reform plan. It is up to them what they do. And by the way, they're all going to be different. When you

see the Buffalo plan, it's going to be different than the Rochester plan, different than the Albany plan, different than the Nassau plan, different than the New York City plan. Fine, different communities, different decisions. But, it's 41 days away, and 41 days moves very quickly.

There's a race for mayor in New York City. And a number of people have been speaking to me about it. And here's my two cents. The New York City mayoral race is four months away, really the primary election is four months away, but in New York City the winner of the primary is most likely the winner of the November election. Discuss the issues, okay? Forget the personalities, forget the atmospherics. Murders are up 47 percent from 2019 to 2020. 92 percent of the shooting victims are Black or Hispanic. 92 percent. 70 percent are unsolved. You have a homeless problem in New York City, and you have a homeless problem where people are dangerous, and they're a danger to themselves or others. We've seen it on the Subways. I had a person from my own office who was attacked by a homeless person who hit her on the head with a brick. There is Kendra's Law. What changes need to be made? You do no one a favor leaving them on the street if they're a danger to themselves or others. That's not compassion. New York City Housing Authority is an ongoing tragedy. It has been for years and years. What's your plan to do something differently? You now have a federal administration. What are you asking them to do? There are interesting plans on the table for New York City housing. I was the HUD secretary. I managed public housing. There are new alternative models. NYCHA has to make a significant change. It's not going to work like this. You can't throw enough money at NYCHA to fix it the way it is. But that has to be a topic that is discussed in the mayoral race. We have an affordable housing crisis. And you have people who are leaving New York City. This is what should be discussed in the New York City mayoral race.

People ask me, am I going to make an endorsement in the New York City race. I want to know what plans people have in addressing the problems in New York City. And then my second question is, what would lead people to believe you have the credentials to do it? Because we've made this mistake before. What have you managed before? You now want to manage one of the largest corporations in the world. What have you managed before? What have you accomplished before? This is not about rhetoric. This is not about slogans. You need a real manager with a real vision who can really get things done. That's what the race of the mayor should be about. That's going to be the conversation.

On vaccines, 3.5 million, 2.3 million first, 1.1 second doses. Twelve percent of New Yorkers have received a first dose. That's really good news. Frankly, I was surprised by that. I know it's hard, I know it's cumbersome. The federal government has a number of programs. Federal government gets the pharmacies, federal government gives to FQHCs, federal government gives to the states. States give to locals. Yes, it's very hard to navigate. This is true all across the nation. It's how the federal government set it up. Twelve percent have received the first dose.

We're now going to do two sites that I'm excited about. Mass vaccination sites in New York City in Queens and Brooklyn that are targeted to communities where what's called, quote-unquote socially vulnerable communities, where we know the positivity is high and the vaccination rate is low. These are large sites, 3,000 vaccinations per day. They're going to open up on Wednesday and this is important and it's going to make a major difference. The scheduling for the Queens and Brooklyn sites is opening tomorrow which is Saturday at 8 a.m. Scheduling is open for one week just for the residents of the communities who are targeted by these facilities. After one week, the schedule will open to all residents of that borough. For one week we are targeting certain communities with low vaccination rates, high positivity rates.

We have that targeting done by zip code for both the Queens and the Brooklyn site. These are the zip codes where you can see what the vaccination rate is and why we're targeting these zip codes. One week, they have a priority. I'm going to be reaching out to the churches and the community groups and the elected officials. Please get out the word. You have one week to make an appointment. You get priority on the appointment, but you have to make an appointment. You have to make an appointment.

We're also opening four new FEMA sites March 3. Same basic concept. Buffalo, Rochester, Albany, Yonkers. Sites again located in socially vulnerable communities with low vaccination rates. Scheduling will open on Wednesday at 8 a.m. Again, there's one week for residents of the zip codes with the low vaccination rates to make their appointments. Thereafter, the scheduling opens to all county residents, which will be March 3. Please be aware of that. Please take advantage of that. Please get the word out. These are the zip codes in those areas that are the targeted areas that need additional assistance. I'm not going to go through all the zip codes, but you can look it up.

Local governments have received significant additional allocations since Joe Biden came into office. Remember the first problem, Trump administration opens eligibility, wide aperture, says

don't worry, I'm going to increase the supply to meet that wide aperture. What happens? He doesn't increase the supply. Now you have 10 million people in New York State chasing 300,000 doses. Joe Biden becomes President, he finds out the cupboard is bare. They didn't order enough vaccine. They scramble quite effectively and they start increasing the allocation right away. Sixteen percent one week, an additional 5 the next week and an additional 5 the next week.

Over 4 weeks, local governments have gotten 28 percent more. We then added on top of that an 11 percent increase because we re-allocated from the hospital worker allocation because the hospitals had 8 weeks to do their staff. We reduced the hospital allocation for their workers and we gave it to the local governments so they could focus on co-morbidities. The local governments and the county executives I spoke to the other day, they have to review all the distribution sites in their area. They're not in control of all their distribution sites, I understand that. I'm not in control of all the distribution sites. I understand that. Some are done directly by the feds, some are done by the State, some are by the locals, some are done by pharmacies; some are by FQHCs.

The local government knows where all these distribution sites are. Look at your county, look at your city and make sure the coverage and the actual vaccinations are fair by geography and by race. How many is the City of Buffalo getting versus Cheektowaga versus the Northern part of the county versus the Southern part of the county. How many vaccinations have been given to the white community versus the Black community versus the Hispanic community? We're going to have to constantly adjust. I am telling you, as a fact, you're going to see lower vaccination rates in the Black community.

There is a higher hesitancy issue and there's a higher accessibility issue in those communities. We have been addressing it directly. We go into public housing, we go into churches, we go into community centers, we have pop-up centers. These new sites that we opened with FEMA, they're targeting exactly this population. I need the local governments to do this also. We have big sites in Queens, big sites in Brooklyn. The Bronx has the high positivity rate, we have Yankee Stadium. That's not enough. How do we get more into the Bronx? Those calculations have to be done by the local officials.

Additional good news, the FDA is allocating 4,600 doses of the therapeutic bamlaniviran. How do you pronounce that?

Dr. Zucker: Bamlanvividan.

Governor Cuomo: Say it again.

Dr. Zucker: Bamlanvividan.

Governor Cuomo: Yeah. Okay. Easy for you to say. Anyway, we have gotten 4,600 doses of this and it's shown to reduce COVID hospitalization and ER visits within 28 days. The doctor's think there's promise in this and we're going to be trying it in the State of New York.

I want to set the record straight on nursing homes for a number of reasons, primarily for the families of nursing home deaths. We created a void by not producing enough public information fast enough. People wanted information, we did not produce public information fast enough. That creates a void. What happens in a void, especially today in this environment - in this toxic political environment? Something fills the void and conspiracy theories and politics and rumors fill the void. You can't allow inaccurate information to go unanswered.

Twitter, bogus reports become a reality at one point. Social media, 24-hour news stations - you don't correct it, it gets repeated and it gets repeated and it gets repeated and then people think it's true. It's a very difficult environment to operate in. We created the void by not producing enough public information quickly enough. I get that, but then it was exploited with misinformation, people playing politics, Republicans playing politics, personal attacks, personal agendas. Now, this continues and people get confused and people who lost family members in nursing homes stop to say, "I wonder if this is true. I wonder if my father died because somebody made a mistake. I wonder if my father had to die." Those false statements must be countered. They must be or else people get confused. No one has a right to spread lies or misinformation that causes pain. I understand that politics is a nasty business in this environment. I understand people lie. I get it. I get it. I live it every day, but this is different. This is causing pain to families who've lost a loved one. That's what they did. And they did it because i hear from the families.

Not only did we create a void, but we didn't fight back against the lies and the politics and the distortions aggressively enough. In retrospect, that is true. It is Whac-a-Mole. It is that Twitter 24-hours a day. It is politicians making up stuff to get their face on TV. I get it. But you have to knock it down and counter it and counter it aggressively otherwise people will believe it. And here, the people who were listening to it were people who were in pain and looking for answers. I was not

aggressive enough in knocking down the falsity. We were busy. We were doing a job. We were trying to save lives. No excuses. I was not aggressive enough in knocking down the falsities. I heard them; I saw them. I dismissed it as politics. I dismissed it as personal agendas. I dismissed it partisan politics, which is at a fever pitch nowadays but I should have been more aggressive in calling it out because it wasn't hurting me - but it hurt the families who had questions about loved ones. That was a mistake and I make no excuses for that mistake.

It is an affront to truth to treat falsehood with compliance. Compliance spelled the way Thomas Paine spelled it. Who am I to criticize his spelling, different spelling. I did not aggressively enough- we did not aggressively enough, take on the misinformation that caused people pain and, of course, pain for grieving families and that's what I regret, I'm not going to make that mistake again. If you're lying to the people of the State of New York, I'm going to call it out. If you are lying in a report, I'm going to call it out. If you're lying in a newspaper because you have your own partisan agenda, I'm going to call it out.

I said to the people of the State of New York when I was first elected, I'm here to fight for you. That's my job. I was elected Attorney General. I said, I will represent you. I will fight for you. And I will fight as hard as I can for you. Fighting for the people of New York is fighting for the truth for New Yorkers, I'm not I'm not going to let New Yorkers be lied to. I'm not going to let you hurt New Yorkers by lying about what happened surrounding the death of a loved one. I see that is my job and I'm going to do it aggressively because you have no right to lie and you have no right to hurt people. I don't care if that's your politics. You can't lie in cause pain to people who are innocent bystanders to all of this. So, I'm going to take on the lies and the unscrupulous actors, especially when they cause pain and damage to New Yorkers. I should have done it before, and I should have done it more aggressively. There are facts. There are facts and I've gone all through this terrible situation with the facts. And there are facts that I want nursing home families to know specifically, because I think the facts will help resolve questions about how loved one died. Remember what happened here, a loved one died in a hospital or a nursing home, you didn't get a chance to see them. You didn't get a chance to talk to them. Having your loved on in a nursing home is a terrible situation to begin with. That they need a level of care that you can't provide. And then you can't visit, you can't talk, and then you know that there's COVID in nursing homes and they're vulnerable and there's nothing you can do. The powerlessness that you have, and then they died. And you don't even have closure. There was no goodbye. There's no funeral. There's no hug, there's no kiss. I mean it was a horrendous situation. It is a horrendous situation.

You want to talk about the spring? 116 people died yesterday. 100 people will die today. This is a horrendous situation, but I want you to have the facts because I don't want you to have more pain from this noise.

All the information that the state put out about all the deaths, hospital deaths and nursing home deaths, from day one, this is how many people died in hospitals this is how many people died in nursing homes. Total deaths: the same number. "Well how many people died in a nursing home but were first in the hospital" How many people died in the hospital but were first in a nursing home? How many people do you presume died after they left the hospital? How many people do you presume died after nursing home?" I'm understand many questions but, this information of total deaths was provided always.

We get a request from the Department of Justice in August with other Democratic governors only, by the way. Nursing home deaths happen nationwide. Democratic states and Republican states. We get a request letter from the Department of Justice, same day, just Democratic governors. Okay, I guess that was coincidental. I guess that wasn't political by the Trump Justice Department. We provide to the Department of Justice with truthful information in our response. It is a lie to say any numbers were inaccurate. That is a lie. Total deaths were always reported for nursing homes and hospitals. New York State legislators requested information. Yes, they did. We said we would pause the state Legislature's request because we gave DOJ precedence - true. We paused the state request and we told them that we paused the state requests. They were told and they knew. And we gave DOJ precedence, yes, because that's how it works. Federal DOJ gets precedence. Well, some were offended that they weren't given precedence. I understand they are offended. DOJ takes precedence. I'm the former Attorney General, the former assistant District Attorney, a former cabinet secretary. The federal DOJ takes precedence over a state legislator. That's true. They find it offensive. I'm sorry, but that is true. I've spoken to the legislative leaders and we agree that we're in the midst of dealing with a real pandemic. We have a lot going on and we have to put the politics aside and move forward and have a more constructive dialogue. But, I said to them, I'm not going to allow people to lie to the people of New York without answering them, because I'm not going to allow the grief to be aggravated. I'm not going to do that. I have a very thick skin. I don't know if you can see it. I don't really care what people say about me. I get politics. I agreed to this nasty business because I believe I can do good things, but I'm not going to let you do nasty and cruel things to New Yorkers. That goes against my oath and that goes against who I am. I'm not going to let you lie to them. It's cruel to

lie to a person who's looking for closure on the death of a loved one and not only was it cruel to the grieving families, it's cruel to the public health professionals who dedicated their lives to public health service. I have public health officials here who could be making millions of dollars in the private sector — millions. These are some of the best professionals you can find in this country. They are working seven days a week, 24 hours a day. They don't deserve political attacks and unfounded, unscrupulous attacks. It was untrue, it was unfair and also, you suggest to the people of the State of New York that they're not getting the best guidance? That's a lie, and you do it with no information, and you do it with no credential and you do it with partisan politics. New York follows the science and the data. New York has the best health minds in the country who are doing this and they talk and advise with the best health minds in the world. Our Health Commissioner is Dr. Howard Zucker — I've worked with a lot of people: federal government, state government, private sector. He's a nationally respected medical professional. He is a doctor and he is a lawyer, which is an extraordinary combination. You don't see it often. Harvard. UPenn, Johns Hopkins. He's been in federal HHS, the World Health Organization, the National Institution of Health and taught at Columbia and Yale. He's gone through Ebola, Zika, Anthrax, Bird Flu, SARS and more. You couldn't find a more qualified man to do this at this time than Dr. Zucker. I would trust him with my mother's care. I can't offer a more ringing endorsement than that and it's his decisions that people now question with no credential. It's the amazing thing about politics: you can make any accusation — no evidence, no background. But we're lucky to have him and I'm sorry for the abuse that he's had to subject himself to do good things for the people of the state, but I want you to have an opportunity to hear from him because many of the questions question his judgment and they were wrong and I want New Yorkers to know to their doctor is on the state level.

Dr. Howard Zucker.

Dr. Zucker: Thank you, Governor, and thank you very much for those kind words. You know, I have thought about this a lot and we all have — about the March 25 memo — and all the decisions that we have made about the pandemic. So, let me give you some background and perspective here. You know, as a doctor, it's in my DNA to always ask myself whether a decision was correct. You play it over and over again in your head. You can ask your doctor. They're going to tell you the same thing. They'll say that you think about every decision and you play it back that night and the next day. But you can only review the decision with the facts that you have at the time and with the facts that we had at that moment in time, it was the correct decision from a

public health point of view. So, what are the facts? Let's look at them. It's very important to do so.

Firstly, hospitalizations and ICU. The modeling said that there was going to be a 140,000 COVID patients, including 37,000 in the ICU here in New York. The COVID hospital rates were growing at a staggering pace, doubling every three days. Every three days, when we looked at those numbers, every three days, they just kept going up and up. We were running out of ICU bed capacity. These numbers are frightening numbers, and so, one should look at this from a practical point of view — so let's put this in some perspective. New York has 50,000 beds total in all of the state in the hospitals. We have just 30,000 of those downstate where the problem was primarily concentrated. We had 84,474 New Yorkers who went through the hospital with COVID from March 25 to May 10. Now, this goes back to my experience as an ICU director. You know, as an anesthesiologist, as an ICU physician, as a cardiologist — I literally saw this picture in my head of the National Guard squeezing an Ambu bag attached to a breathing tube for a patient obviously intubated, working in shifts to keep people alive. This is what happens and the image of just all these beds filled with individuals lying there with a breathing tube and someone squeezing a bag to keep them alive. That's what happens we have 37,000 patients intubated. I'm telling you from experience, it's frightening. For anyone of the things that these models were an exaggeration, I suggest you go back and look at the Great Influenza before we had some of these medical technologies back in 1918, or better still, we could just go and look at Italy on the television every day back at that time and they, they have a sophisticated health care system. So, the question is what does one do? You protect the entire healthcare delivery system to save lives and to flatten the curve and remember what the goal was and still is: to flatten the curve so that you can accommodate the influx of ill patients into hospitals and also to decrease the number of cases as well and that's what happens when you flatten the curve. We need to protect the healthcare system by balancing the patient load. People die if you cannot get them into the hospital or staff are overstretched as a result of those numbers. It was also important, and as important and still is, to protect the nursing home residents. So how do you do that? Well, if people in the hospital and they don't need to be in the hospital, you send them home, right? Everyone knows that you would not want your relative, you would not want them to stay in the hospital they were ready to go home. I don't know how many times people said to me when I took care of patients, "can we go home," "can he go home," "can she go home," right? You want them to go home. You don't want to risk a hospital infection. You don't want to risk all the mental health effects of having someone particularly those who are elderly stay in the hospital. There

are a lot of issues that happen. I remember when my own dad was in the hospital when he was elderly in the 90's and all the effects of having someone that age lying in a hospital bed with him trying to climb out of the bed and all the confusion all the issues that happen. There's an old doctor adage that says, "the worst place to be when you have recovered is the hospital." So, where is home? Well, for these residents, it's the nursing home, right? For others, it's going home, it's going back to your family, your relatives, loved ones, your friends and many people, just home alone. Those are the facts of the situation. Go home when you're better. So how do you do that, right? This is the big question. How do you do that? Well, for the nursing homes, there are criteria and let me quickly just provide you with a few sentences because these are the criteria from the federal government, right? This is CMS guidance that's a March 13 guidance and I'm going to quote from it.

"Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 is present. A nursing home can accept a resident diagnosed with COVID from a hospital."

End quote. As long as the facility follows the transmission [inaudible]. I will add that it's very important. The CDC guidance says on March 23, and I quote: "the covid-19 patients from hospitals should go to the facility with the ability to adhere to infection prevention and control recommendations for the care of COVID-19 patients. Preferably, patients would be placed at a facility that has already cared for COVID-19 patients, end quote. Now New York State has mandated cohorting, infection controls, PPE and many other things to care for the nursing home residents. And as always, if they could not accept a patient, they should not commit the patient. It is against the law to take someone that they cannot care for. We simply said, you cannot deny admission based on COVID status. You never said you must accept. You said you can't deny it.

So now, a little bit in retrospect. So as we reflect back, what happened? While I have repeatedly presented the facts of how COVID got into these nursing homes. The answer is: it came in through the staff. We found 37,000 staff that have been infected. It came in asymptotically, it came in inadvertently by dedicated staff. No one is criticizing the staff for this. We were back at a time when we didn't even know about asymptomatic spread. We didn't even know that you must wear a mask. The facts we had then were so few compared to what we know now and there's more facts that we will learn as time goes by. So it came in long before we even knew. That's what brought it in. 98% of the nursing homes that accepted a hospital admission already had

COVID in that facility. It is unfortunate, it's tragic, but it's true, it's the facts. 132 facilities that never took a COVID admission from the hospital still had COVID fatalities. March 25th was not the driver of COVID infections. It was not the driver of COVID fatalities. The facts are the facts.

Now let's look at the timeline, and this is very important to hear. Since May, no resident has been admitted into the facility without a negative test. We have still have restricted visitation. And the staff, the staff are the only ones coming in and they're tested twice a week. And yet, we are still seeing nursing home outbreaks and fatalities. The same rate of nursing home fatalities as we saw before March 25th, after March 25th and in the fall and winter. And if you just take New York aside for a second, put it aside and you look at the rest of the country, the states that did not do this or have any memo, they still have thousands of nursing home deaths. The fatality rate then and now is consistent with community spread. We have said this all along. What happens in the community happens in the nursing homes.

So what if, what if we hadn't done March 25th? Hospital beds that ended up saving lives would not have been available because they would have been occupied by someone who could have been discharged and I can see the scenario people saying, well there was someone you could have left and gone back to their home in nursing home or back to home, and you left them in a hospital bed and that bed could have helped another individual who needed that bed. Because remember, the modeling—140,000 hospitalizations, 37,000 in the ICU. Those are the models. You make the decisions based on the information that you have at the time. We made the right public health decision at the time, and faced with the same facts we would make the same decisions again. And just as a personal note, I feel for all the families who've lost someone. I often think about the sorrow that they've experienced because of the loss. I do hope that they find strength from the memories of their loved ones. I believe in my heart and my head that's the only thing that helps get us through. It got me through my father died and I hope it gets all of you through during these difficult times as we move forward, and fight this pandemic to the end. Thank you, Governor.

Governor Cuomo: Thank you very much, doctor. I'm glad New Yorkers had the opportunity to hear from Dr. Zucker. Of course his credentials are impeccable. But when you hear the facts from him, you hear the reasoning from him, you understand why these decisions were made and you understand the decisions were right. The hospitals were being overwhelmed, people needed acute care in those hospitals. They needed the ventilators. Lord knows they needed the nurses,

they needed the intensive care. And the people who were coming from the nursing homes were only going to nursing homes who said, by law, they could handle them. And 98 percent of those nursing homes had COVID already—what's most informative, I think.

The rate of death in nursing homes before the March 25 memo, which was then superseded on May 2. The duration of the memo, the rate of deaths in nursing homes was the same before, as it is after. And if anyone had the perfect answer to nursing home deaths, if anyone tells you they do, they're lying. Because people are going to die in nursing homes today. So if you have the perfect answer, then why will people die in nursing homes in this state and every other state? In this country? It really is cruel to say to people who've lost a loved one, maybe they didn't have to die. It's cruel.

Another lesson that I learned—the trick is to keep learning in life. People died in hospitals and nursing homes. We must learn the lesson and be better prepared for the next pandemic because, my friends, there will be another pandemic. There was SARS, there was MERS, there was Ebola. We ignored it, we didn't learn from it and then COVID happened and the house collapsed. MERS and SARS were also coronaviruses. COVID is the 3rd coronavirus. But we didn't learn after MERS and SARS. We have to learn after this one and we have to make the changes.

You have hospitals that are weaker performing hospitals. We know that because we just put the hospital system through a stress test. And you saw which hospitals stood up and which hospitals faltered. That is a fact. Try to shore up the weaker hospitals, but in truth, when you look at the list we've been trying to shore them up for a long, long time. More, create a redundant system so you have a strong hospital system backing up the weak hospital system. So when that weak hospital collapses on the surge, you have a backup strong hospital system.

Second, we have, to have to reform the nursing homes. They were only supposed to take patients if they could. If they could. And that was by law to the moral obligation. It's by law. If they were prepared to handle them. Nursing homes need more and quicker staff and resident testing. Dr. Zucker said today, he said many times before and therefore I said to you many times before, COVID came in to the nursing homes from the staff. They got it at home, they got in the grocery store, they went to work and they brought in COVID. COVID came in from the staff because we didn't even know there was anything such as asymptomatic. All the federal experts told us the opposite and we didn't have any testing. So there was no way to test them. We have to fix that.

Staff has to have more protection. They have to have more protective material. We have to have surge staff available. Because you can't ask a person in a nursing home to work seven days a week, 14 hours a day, under this stress. The nursing home has to have surge staff availability. They have to have a PPE stockpile because if you try to buy PPE once a pandemic hits, it's too late. We sent planes to China to buy masks. Have the stockpile now. More isolation rooms so when a person has a disease that might be contagious, you don't know what it is, you have the ability to isolate. More staff training, more family notifications so families can get through to their loved ones, and more regulation on the use of funding. Taxpayers spend a fortune on these nursing homes. And the funding should be going to the facility and the patient care. These are not designed to be businesses and money making machines, right? This is dealing with the public. We should regulate of the funding that we give these nursing homes, how much funding goes to staff. Salary caps for management, which I proposed years ago, and they wouldn't pass, because that's just another way of taking money out of the nursing home. They have a limited profit margin. You can't say to a nursing home, either you can buy new beds or you make more money. Either you can hire more staff and help people or you make more money. Either you buy a new tv for the patients, or you make more money. If they're in the for profit business, they're going to choose to make more money. No. Here's how much money you can make, everything else has to go into patient care. I'm going to propose that nursing home reform agenda today in my amendments to the New York State budget. I will not sign the budget without this nursing home reform plan. Period. And I mean that as New York tough, smart, united, disciplined and loving.

I want to say to Dr. Zucker and all the health staff, thank you for a great job. I'm sorry you have to do it in a lousy political environment, but that's where we are. I'm sorry that you had to deal with COVID, I'm sorry that you had to deal with the pandemic, I'm sorry that you had to miss your family working seven days a week, and I'm sorry that you have to be abused in the partisan politics of the day.

We should have provided more public information sooner. Yes. No excuse. We should have been more aggressive in fighting the misinformation. Most people would not say that one of my errors is lack of aggressiveness, but in truth I was not aggressive enough in fighting back against these crazy political theories and these crazy political opponents. I have developed an immunity to them, right? You have to remember I went through this with Donald Trump. It started with Donald Trump, started this whole nursing home thing and it was the Democratic Governors in the

Democratic states. I've become immune. Local politicians who's running for this, who's trying to get their face on TV. I'm immune to that, but that's not who paid the price here. It was the nursing home families who were confused. And that's Thomas Paine. Complacency.

I was complacent, because I thought the attacks were just against me. I was wrong to be complacent. The attacks were against Dr. Zucker and the healthcare team and the administration. I was wrong to be complacent because then New Yorkers said, oh does the healthcare team really know what they're doing? And I was wrong to be complacent because then the nursing home families said, maybe something happened that we don't understand. And that aggravated the grief that they were feeling. So I take responsibility for all of that, because I take responsibility for all of this, period. Whether it's Dr. Zucker in the Health Department, whether it's Jim Malatras at SUNY, I take responsibility. That's what I think the people of the State of New York deserve, but I'm not going to be complacent, or complacency, even the way Thomas Paine spells it.

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